State: OREGON						
Agency*	Citation(s)		Groups Covered			
		В.	Optio (Cont	nal Groups Other Than the Medically Needy inued) a medical		
	(e)(3) he Act	<i>□</i>	13.	Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in an institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.		
				<u>Supplement 3 to ATTACHMENT 2.2-A</u> describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.		
(A)((a)(10) ii)(IX) 1902(1) he Act		14.	The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in <u>Supplement to ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in <u>Supplement 2 to ATTACHMENT 2.6-A</u>		
			4.	Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and		

TN No. 98-03
Supersedes 91-35
Approval Date 5//8/98 Effect
TN No. 91-35

Effective Date 3/1/98

HCFA ID: 7983E

Infants under one year of age.

Transmittal No. 98-07 ATTACHMENT 2.2-A Page 21

	State: _	OREGON
Agency*	Citation(s)	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
	(A)	15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in Supplement 1 of ATTACHMENT 2.6-A for a family of the same size.
		Children who have attained 6 years of age but have not attained age 19.

TN No. 98-07
Supersedes 91-25
Approval Date 10/22/98

(

Effective Date 7/1/98

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

Transmittal #91-25 ATTACHMENT 2.2-A Page 22

OMB NO.: 0938-

OREGON State:

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a) (ii)(X)and 1902(m) (1) and (3)of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

TN No			/	1 1
Supersedes	Approval Date	1 23/	92 Effective Date	11/1/9/
TN No.				

HCFA ID: 7983E

Transmittal #92-5 ATTACHMENT 2.2-A Page 23

Revision: HCFA-PM-92-1 (MB)

FEBRUARY 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State: 0	REGON
	COVERAGE	AND CONDITIONS OF ELIGIBILITY
Citation(s)		Groups Covered
	В.	Optional Groups Other Than the Medically Needy (Continued)
1902(a)(47) and 1920 of the Act		"qualified provider" (as defined in \$1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with \$1920 of the Act.

TN No. 92-5Supersedes TN No. 92-5Approval Date 5-14-92 Effective Date 1-1-92 Revision: HCFA-PM-91-8

(MB) October 1991

Transmittal #92-3 ATTACHMENT 2.2-A Page 23a OMB NO.:

State/Territory: OREGON_

Citation

Groups Covered

Optional Groups Other Than the Medically Needy В. (Continued)

1906 of the Act

Individuals required to enroll in 18. cost-effective employer-based group health plans remain eligible for a minimum enrollment period of 1 months.

1902(a)(10)(F) and 1902(u)(1) of the Act

Individuals entitled to elect COBRA 19. continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid extenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

Supercedes TN No.

Approval Date 4/8/92 Effective Date

HCFA ID: 7982E

TRANSMITTAL #98-11

ATTACHMENT 2.2-A PAGE 23b OMB NO:

State/Territory: Oregon

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

[X]

1902(a)(10)(A) (ii)(XIII) of the Act 20. Working Disabled individuals whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A.

TN • 28-1/ DATE APPROVED 9/24/98
SUPERSEDES EFFECTIVE DATE 9/1/28
TN • D DATE TO C.C.
COMMENTS

Transmittal #91-25

Revision:	HCFA-PM-91- AUGUST 1991 State:	OREGON	ATTACHMENT 2.2-A Page 24 OMB NO.: 0938-
Agency*	Citation(s)	Groups Cov	ered
42 CF:	435.301 C. R 35.301	Optional Coverage of the Medical This plan includes the medical No. / X/ Yes. This plan covers:	
1902(Act	e) of the	they were pregnant, for all postpartum services under to period, beginning with the	were eligible edicaid and ly needy the date the pregnancy to be eligible, as though pregnancy related and the plan for a 60-day

1902(a)(10) (C)(11)(I) of the Act

TN No. 91-25		1 /		1 1
Supersedes	Approval Date	1/22/42	Effective Date	11/1/61
Supersedes	White or at pare	1102112	Filective Date	11/11/11
TN No.				,
TH 110.				

 Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

HCFA ID: 7983E

Transmittal #91-25 ATTACHMENT 2.2-A

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 Page 25 OMB NO.: 0938-OREGON State: _ Groups Covered Agency* Citation(s) C. Optional Coverage of Medically Needy (Continued) 4. Newborn children born on or after 1902(e)(4) of October 1, 1984 to a woman who is eligible the Act as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible and the child is a member of the woman's household. 5.// a. Financially eligible individuals who are not 42 CFR 435.308 described in section C.3. above and who are under the age of--21 20 19 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or

> $\overline{X}\overline{X}$ b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

technical training

Individuals for whom public agencies are (1)assuming full or partial financial responsibility and who are:

In foster homes (and are under the age (a) of 21).

Χ (b) In private institutions (and are under the age of 21).

TN No. 9/-25 Supersedes TN No.	Approval Date	1/23/92	Effective Date ////9/
IN NO			HCFA ID: 7983E

Transmittal #91-25

Revision:	HCFA-PM-91-4 AUGUST 1991 State:	(BP	PD) EGON	ATTACHMENT 2.2-A Page 25a OMB NO.: 0938-				
Agency*	Citation(s)			Groups Covered				
	C. Optional Coverage of Medically Needy (Continued)							
			₋ (c	(c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of).				
			(2)	Individuals in adoptions subsidized in full or part by a public agency (who are under the age of).				
		<u>X</u>	(3)	Individuals in NFs (who are under the age of 21). NF services are provided under this plan.				
			(4)	In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of).				
			(5)	Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of). Inpatient psychiatric services for individuals under age 21 are provided under this plan.				

TN No. 91-25		1 - 1 -	. / .
Supersedes	Approval Date	1/23/92	Effective Date 1///6/
TN No.			
		•	UCER ID. 7002F

<u>X</u>

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Transmittal #91-25 ATTACHMENT 2.2-A

Effective Date

HCFA ID: 7983E

Revision: HCFA-PM-91-4 AUGUST 1991

TN No.

TN No.

Supersedes

State:

(BPD)

OREGON

Approval Date

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Groups Covered Agency* Citation(s) C. Optional Coverage of Medically Needy (Continued) 42 CFR 435.310 $\sqrt{}$ 6. Caretaker relatives. 42 CFR 435.320 $/\overline{\mathbb{W}}$ 7. Aged individuals. and 435.330 42 CFR 435.322 $/\overline{X}$ 8. Blind individuals. and 435.330 42 CFR 435.324 $/\overline{\mathbb{W}}$ 9. Disabled individuals. and 435.330 42 CFR 435.326 / / 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals. 11. Blind and disabled individuals who: 435.340 a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; b. Were eligible as medically needy in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.